



MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.

The Montgomery County Department of Health and Human Services (DHHS) is a large department that provides many types of services including health, mental health, substance abuse and social services. Services are provided at many different locations. DHHS staff must collect information about you to provide these services. Information that tells us about your past, present or future health or mental health is called “protected health information.” There are Federal and State laws that protect the privacy of your protected health information. DHHS follows the requirements of all of these laws. Employees will only use or disclose protected health information about you that is needed in order to do their jobs.

DHHS is required by law to provide you with this Notice of Privacy Practices to explain our responsibilities in safeguarding the privacy of your protected health information. Listed below is an explanation of how we may use or disclose protected health information about you. If DHHS has a need to use or disclose your protected health information for any reasons other than those listed below, you will be asked to sign a written authorization giving us your permission to share that information. If you sign an authorization for us to share your protected health information with an outside agency we will follow your instructions. DHHS is required by law to follow the practices listed below. DHHS has the right to make changes to our privacy practices. If we change our privacy practices we will let you know about these changes on your next visit to our offices. DHHS will post our Notice of Privacy Practices in our waiting rooms and on the DHHS website at www.montgomerycountymd.gov

DHHS May Use and Disclose Information without your Authorization

- **For Treatment:** DHHS is a single organization that has many different programs and services. At any one time, you may receive health or mental health services from more than one program. We may share protected health information within the department without your written permission when it will help our staff provide you with treatment and services. We may also disclose information to other health care providers who are providing you with treatment. For example, your case manager may use your protected health information with other DHHS staff to make sure that you receiving all of the treatment that you need. We may share your protected health information with health care providers outside of DHHS, if we are sending you to an outside specialist or arranging for you to have diagnostic testing.
- **For payment:** DHHS may use or disclose protected health information about you to obtain payment or to pay for the health and mental health services you receive. For example, DHHS may use your information to bill your insurance company or Medicaid for treatment you received

- **For Health Care Operations:** DHHS may use or disclose protected health information in order to manage its programs or activities. For example, DHHS may use your protected health information to review the quality of services that you receive through our department.
- **For Appointments or Notifications:** DHHS may need to contact you or your representative, to schedule an appointment, to ask you to complete paperwork, or to reach you in an emergency.
- **For Substance Abuse Treatment:** The confidentiality of alcohol and drug abuse client records is protected by Federal law and regulations. Generally, DHHS will not disclose any information related to your alcohol or drug abuse treatment unless:
 - You have signed a written consent;
 - The disclosure is allowed by a Court order;
 - The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
- **To our Business Associates:** DHHS provides some services to you through contracts with other agencies. We may disclose your protected health information to these business associates so that they can perform the job we have asked them to do. However, DHHS requires that our business associates keep your information safeguarded.
- **To your Family, Friends and Others Involved in Your Care:** DHHS may disclose health information to your family or others who are involved in your medical care. For example, we may discuss your medical condition with your adult daughter or son who is arranging for your care at home. If you do not want us to share this information with your family, you can ask that we not do so. We will not share information about your mental health or substance abuse history or care with your family unless you give us written authorization.
- **For Government Programs:** DHHS may disclose protected health information about you to determine if you are eligible for other government benefits or programs such as Social Security benefits.
- **For Public Health Activities:** We may use or disclose protected health information about you for public health activities. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of this disease.
- **For Abuse and Neglect Reports and Investigations:** DHHS is required by law to report any cases of suspected abuse or neglect of children or vulnerable adults, including adults abused as children.
- **To Avoid Harm:** DHHS may disclose protected health information about you to law enforcement under certain conditions. For example, if you harm a member of our staff or another client, if you damage our property or if our professional staff believes that you are likely to cause serious harm to others or yourself, we will contact law enforcement. DHHS may also disclose protected health information in case of a threat to the public, such as a terrorist attack or emergency disaster.

- **To Coroners, Funeral Directors, Medical Examiners and for Organ Donation:** DHHS may disclose health information relating to death to coroners, medical examiners and funeral directors and also to authorized organizations relating to organ, eye or tissue donations or transplants.
- **For Research Purposes:** DHHS may use protected health information for studies and reports. These reports will not identify specific people by name.
- **For Court proceedings:** If you are ever in court and your treatment becomes an issue, we may be required by law to provide information about you to the court.

Your Health Information Rights

You have the right to:

- Ask us not to share your health information in the manner listed above by making a written request to our Privacy Officer. We are not required to agree to your request but if we do we will follow the directions given to us.
- Obtain a copy of this Notice of Privacy Practices. This notice is available in alternative formats upon request.
- Ask DHHS staff to contact you at a different location or to contact you by a different method than we routinely use. For example, you may ask that we contact you by phone or mail at work instead of at home.
- See, review and receive a copy of the information we maintain about you in certain records. You must make this request in writing and you may be charged a fee to pay for the cost of copying your record. There are certain situations when we may not give you the right to review your records. If this happens we will explain why we made this decision.
- Make an amendment (a correction or addition) to your medical information if you feel the information we have is inaccurate or incomplete. You must do this in writing.
- Receive an accounting (a detailed listing) of disclosures we have made after April 14, 2003. This listing will not include disclosures made for treatment, payment or health care operations purposes. You must make this request in writing.
- Contact the DHHS Privacy Officer, at the number listed at the end of this notice, to ask any questions about how we handle your protected health information or to file a complaint or report a problem.

How to Contact DHHS to Review, Correct, Copy or Limit Your Protected Health Information:

You may contact your local DHHS office or the DHHS Privacy Officer at the address listed at the end of this notice to ask:

- To look at or copy your records;
- To limit how information about you is used or disclosed;
- To cancel an authorization;
- To correct or add to your record;
- To request a listing of when DHHS has disclosed information about you;

- To receive a written copy of this Notice of Privacy Practices; or
- To receive this Notice in an alternative format such as Braille or large print.

DHHS may deny your request to look at, copy or change your records. If DHHS denies your request, we will send you a letter that tells you why we have denied your request and how you can ask for a review of the denial or file a complaint.

To File a Complaint or Report a Problem

To file a complaint or report a problem with how DHHS has used or disclosed information about you, you may contact DHHS or the U.S. Department of Health and Human Services, Office of Civil Rights at the offices listed below. DHHS will not retaliate against you for filing a complaint or for cooperating with an investigation and your benefits will not be affected in any way.

Privacy Officer
Montgomery County Department of Health and Human Services
401 Hungerford Drive
Rockville, MD 20850
240-777-1210 (Voice) 240-777-1398 (TTY)

Region III, Office for Civil Rights, U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Public Ledger Building, Philadelphia, PA 19106-9111
215-861-4441 (voice) 215-861-4441 (TDD) 1-800 368-1019 (Hotline)

Both client and staff must sign

Acknowledgement of receipt of this notice:

Client or Authorized Representative (Sign your name)

Date

Print your name

Signature of DHHS representative

Signature of interpreter/translator if applicable

If unable to get acknowledgement, specify why:

